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Bib Data Sheet

CONFIRMATION NO. 3844

|  |   |                                    |   |  |
|--|---|------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/049,397   | <b>FILING DATE</b><br>02/11/2002<br><b>RULE</b>   | <b>CLASS</b><br>455                | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>112740-518 |
| <b>APPLICANTS</b><br>Alexander Aschir, Bangalore, GERMANY;<br>Andreas Berg, Berlin, GERMANY;   |   |                                    |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A 371 OF PCT/DE00/02331 07/18/2000  |   |                                    |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 199 38 081.3 08/12/1999  |   |                                    |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>9                 |
| Verified and Acknowledged<br>Examiner's Signature: <i>Huyelan</i> Initials: <i>HB</i>  |   | <b>INDEPENDENT CLAIMS</b><br>1     |   |  |
| <b>ADDRESS</b><br>William E Vaughan<br>Bell Boyd & Lloyd<br>PO Box 1135<br>Chicago, IL 60690   |   |                                    |   |  |
| <b>TITLE</b><br>Method for monitoring the position of a mobile communication terminal for location dependent telecommunication services and an active voice kin  |   |                                    |   |  |
| <b>FILING FEE RECEIVED</b><br>890  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |